

Luis Socarras, Licensed Professional Counselor

Day One Counseling LLC
Slidell, LA

Main Phone #: 985.327.2871

Declaration of Practices and Procedures/Statement of Practice

Welcome to Day One Counseling! I am pleased to have the opportunity to serve you. I hope that the information in this handout will be helpful in making an informed decision concerning my services.

Qualifications:

I have a Master of Arts in Marriage and Family Counseling, granted to me by New Orleans Baptist Theological Seminary. I hold registration with the American Association of Marriage and Family Therapists Membership ID# 128254 as an LPC. I am also registered as a Licensed Professional Counselor (# 4852) with the: Louisiana Licensed Professional Counselors Board of Examiners.

8631 Summa Avenue, Suite A
Baton Rouge, Louisiana,
70809 Phone: (225) 765-2515
Fax: (225) 765-2514

Areas of Expertise: Training and experience provide me with abilities to assist with concerns including but not limited to; Addictions, Anxiety, Depression, Adjustment Problems, ADHD, Stress, Grief, Behavior Problems in Adults and Adolescents, spiritual concerns, marriage and family counseling and other issues.

The Counseling Relationship: There are several steps in the therapeutic process. First, time will be spent exploring the problem situation(s), which brought you to therapy. I will need to get to know you, how you view yourself, and the quality of the relationships that you have with others. Openness and honesty are crucial. Second, when we have developed sufficient background to proceed, we will begin to decide upon specific goals and objectives, and to develop a treatment plan that will outline how these goals will be achieved. This plan will undoubtedly require strong effort and feelings of discomfort inherent if change will be experienced.

Periodic assessment of progress to determine the effectiveness of the treatment plan will take place by reflecting upon any improvements in the problem situation from when therapy began. Treatment efforts will conclude when the sought-after goals have been sufficiently achieved, the client chooses to leave, or if it becomes evident that the client should continue therapy with another therapist due to a therapeutic impasse or need of increased specialization.

Client Responsibilities: You, the client, are a full partner in counseling. Your honesty and good-faith effort towards personal growth are essential to the counseling process. You, the client/s/, agree/s/ to engage in the counseling process as an important priority at this time your life. Your welfare is most important in professional counseling. Your full cooperation is crucial. You may be asked to complete assignments between sessions.

Physical Health: Physical health can be an important factor in the emotional well being of an individual. If you have not had a physical examination in the last year, it is recommended that you do so. Please also inform me on your intake form and during therapy of your general physical health, any medical treatments that may impact your therapy and any medications that you are taking.

Code of Ethics: I am required by law to adhere to the Louisiana Code of Conduct for Licensed Professional Counselors. Copies of these codes are available upon request.

Confidentiality/Privileged Communication: All of our sessions will remain confidential to persons outside of the counseling process. Information from our sessions, may only be released in accordance with state law, according to the following conditions: (1) you sign a written release of information indicating informed consent to such release; (2) you express serious intent to harm yourself or someone else; (3) there is evidence or reasonable suspicion of abuse against a minor child, elder person (sixty- five or older), or dependent adult; (4) a court-ordered release is received directing the disclosure of information; or (5) a subpoena is received. It is my policy to assert either (a) Privileged Communication in the event of #5 or (b) the right to consult with clients, if at all possible, before mandated disclosures.

Emergency Situations: Since Day One Counseling is an outpatient diagnostic and psychotherapy service, I do not provide 24-hour emergency services. However, in most cases you may leave messages for me at (985)327.2871. If you are unable to speak to me, and you have an emergency, you and your family members are instructed to contact a local medical or psychiatric hospital or call 1-800-256-2970.

The Professional Contract

(Name/s/ of client/s/, hereinafter referred to as the Client) has this day retained Luis Socarras, LPC of Day One Counseling to provide psychotherapy and/or family therapy. The agreed fee per 45 to 50-minute session is_____.

It is expressly understood that Luis Socarras, LPC, has not and will not issue any guarantee of cure or treatment effect, number of sessions necessary, or total cost of service. It is further understood that Luis Socarras, LPC, shall be obligated to maintain a reasonable standard of care for practicing Licensed Professional Counselors.

We, the undersigned counselor and client/s/, have read, discussed together, and fully understand this agreement and the stated policies. We agree to honor these policies, including the commitment to negotiate and mediate as stated above, and will respect one another's views and differences in their outworking. This agreement is entered into voluntarily by the Client/s/ with competency, and with knowledge and understanding of the consequences.

Client(s) Signature(s):_____ Date:____/____/____

_____ Date:____/____/____

_____ Date:____/____/____

_____ Date:____/____/____

Counselor Signature:_____ Date:____/____/____

PARENTAL AUTHORIZATION FOR MINORS:

I _____ give permission for Luis Socarras LPC,
to conduct counseling with my (relationship) _____
(name of minor)_____.